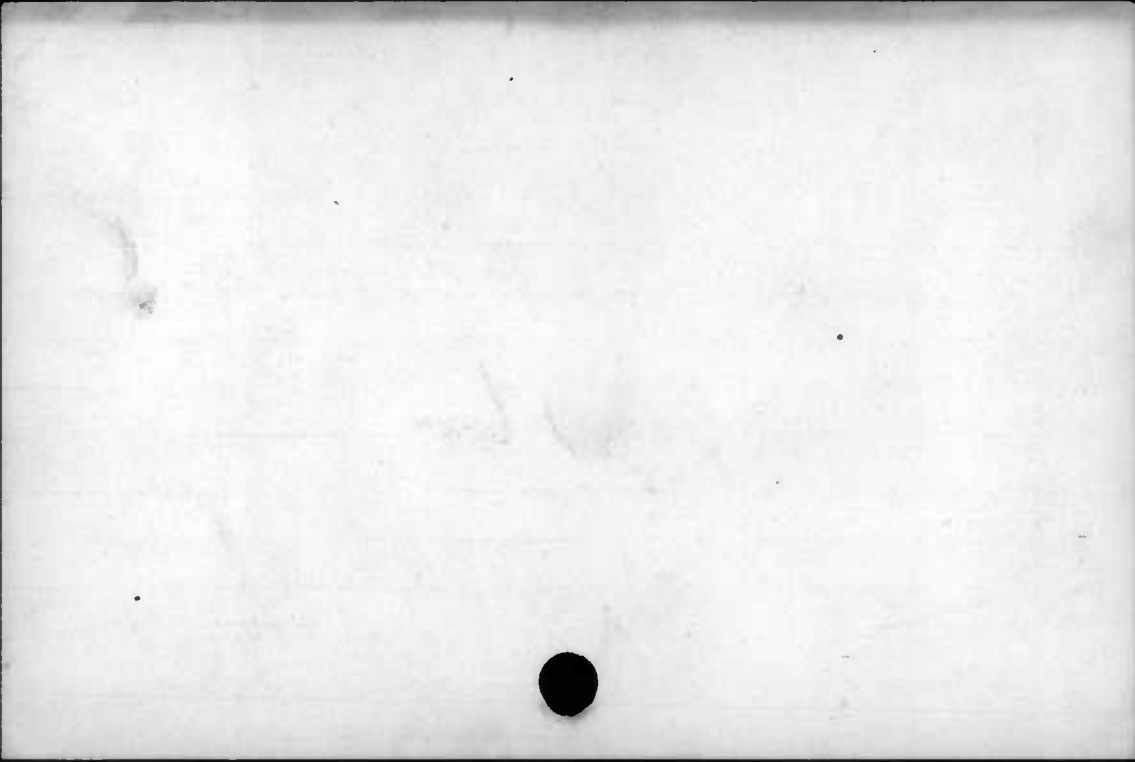


Name in Full		Ester Beaman Allen				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Port Deposit		Cecil County		MARYLAND	
	Date of death	1907	June	30	Day	3	Months
	Sex	Female		Color or Race	Colored	Birth-place	Rockville
	Occupation					Where Residing if not at place of death	
	Married, Single or Widowed			Name of Wife or Husband			
	Father's Name	Not known				Father's Birthplace	
	Mother's Maiden Name	Helen Allen				Mother's Birthplace	Port Deposit
Name of person giving information	Mary V Allen				How related to deceased	Grandmother	
	CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary	Convulsions			(71)	How long	2 hours
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
Accident or Suicide?				Port Deposit			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

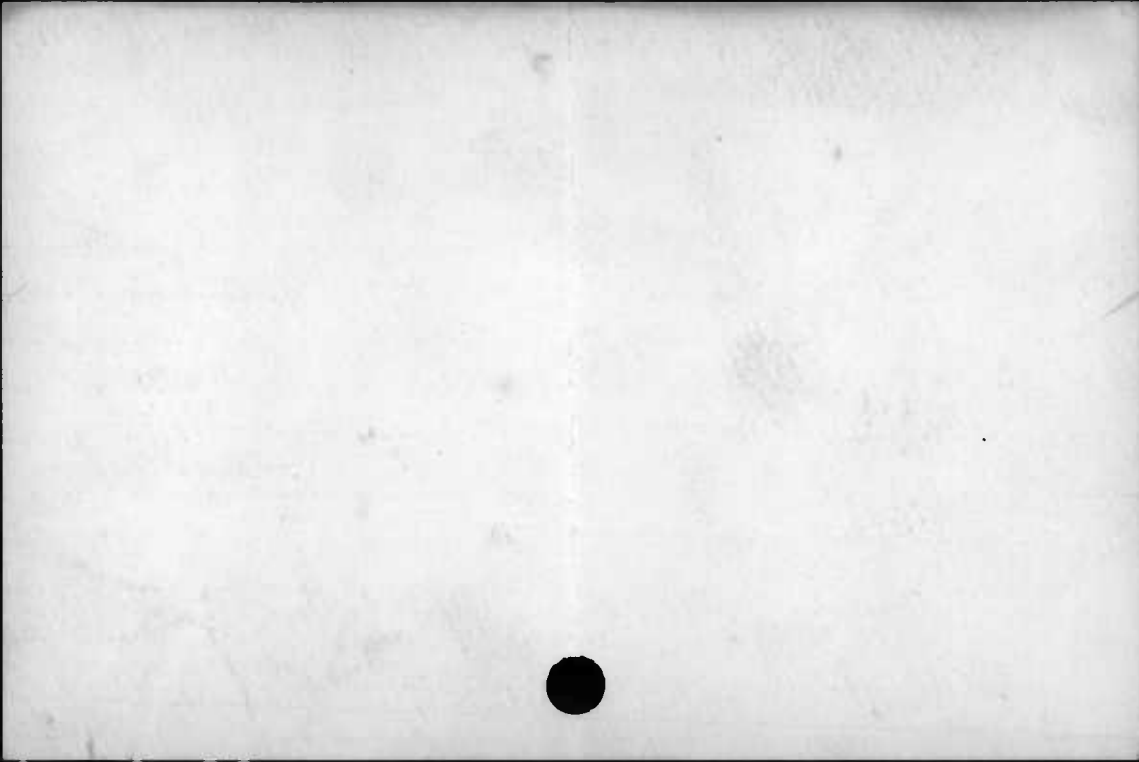
Name in Full <i>John Lewis Bailey</i>		Town <i>Cecilton</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Cecilton</i>		Date of death <i>1907</i>		Month <i>June</i>		Day <i>15th</i>	
Age <i>72</i>		Years <i>72</i>		Months <i>2</i>		Days	
Sex <i>male</i>		Color or Race <i>negro</i>		Birth-place <i>Denton, Md.</i>			
Occupation <i>Labor</i>		Where Residing if not at place of death <i>Cecilton</i>					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Arbella Bailey</i>					
Father's Name <i>Obedia Bailey</i>		Father's Birthplace <i>Denton, Md.</i>					
Mother's Maiden Name <i>Alice Green</i>		Mother's Birthplace <i>Denton, "</i>					
Name of person giving information <i>Geo. S. Bailey</i>		How related to deceased <i>Brother</i>					

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary <i>Brain child's sequence La grippe</i>		How long <i>2 months</i>	
Immediate <i>Pulmonary Hemorrhage</i>		How long <i>Ten minutes</i>	
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>E. N. Crawford</i>	
		Address <i>Cecilton</i>	
Accident or Suicide?		<i>Md.</i>	



Name

in
Full

Alfred Quinton Boyer

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Port Deposit		County		Seal		MARYLAND	
Date of death		1907	Month	June	Day	22	Age	Years	1
								Months	3
								Days	12
Sex		Male		Color or Race		Colored		Birth-place	
								Pennsylvania	
Occupation		None (Infant)		Where Residing if not at place of death					
Married, Single or Widowed		Single		Name of Wife or Husband					
				—					
Father's Name		Alfred Boyer						Father's Birthplace	
								Seal Co.	
Mother's Maiden Name		Marguerite Vance						Mother's Birthplace	
								"	
Name of person giving information		Alfred Boyer						How related to deceased	
								Father	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis	(27)	How long	unknown
Immediate	Starvation		How long	unknown
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	
			J. L. Brown	
			Address	
			Port Deposit Md	
Accident or Suicide?				



TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name In Full <i>Julia E. Brokaw</i>		CERTIFICATE OF DEATH	
Died at <i>Madair Hill</i> Town <i>Cecil</i> County		MARYLAND	
Date of death <i>1907</i>	Month <i>June</i>	Day <i>6</i>	Age <i>73</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth- place <i>Ind</i>	Months <i>11</i> Days
Occupation <i>Teacher</i>	Where Residing if not at place of death <i>Home</i>		
Married , Single or Widow	Name of Wife or Husband +		
Father's Name <i>C. L. Brokaw</i>	Father's Birthplace <i>N. J.</i>		
Mother's Maiden Name <i>Alexandra Bruckman</i>	Mother's Birthplace <i>Prussia</i>		
Name of person giving In formation <i>C. C. Brokaw</i>	How related to deceased <i>Brother</i>		
CAUSES OF DEATH 120			
Primary	<i>Parenchymatous hepatitis</i> <i>Chronic toxicosis</i>		How long <i>9 1/2 weeks</i>
Immediate	<i>Cardiac failure</i>		How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>		
Signature of Physician	<i>Jarvis A. Whitten</i>		
Address	<i>Lewisville Pa</i>		
Accident or Suicide? •			



PHYSICIAN
OR CORONER

John Bryson

CERTIFICATE OF DEATH

Died at *North East* Town

Heard County

MARYLAND

Date of death	1907	Month June
------------------	------	---------------

Day

Age

Years

Months

Days

Sex *male*

Color or Race *White*

Birth-place *Lancaster County,*

Occupation

Fanner + Zucker

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or Husband

Sarah J. Pryor

Father's
Name

Thomas Bryson

Father's

Birthplace *unknown*

Mother's
Maiden Name

Rebecca Short

Mother's

Birthplace Beirut (Leb)

Name of person giving information _____

Mr. T. Bryson

How related
to deceased



CAUSES OF DEATH

179

Primary

CAUSES OF DEATH

General Debility

How long

long 28 777 on th.

Immediate

How long

Compens. Libes

Are the name, age, sex, color, date
and place correctly given above?

Signature of Physician

Address

3 Cinqvir-lic
B
The End

Wesley Chappel

Name
in
Full

CERTIFICATE OF DEATH

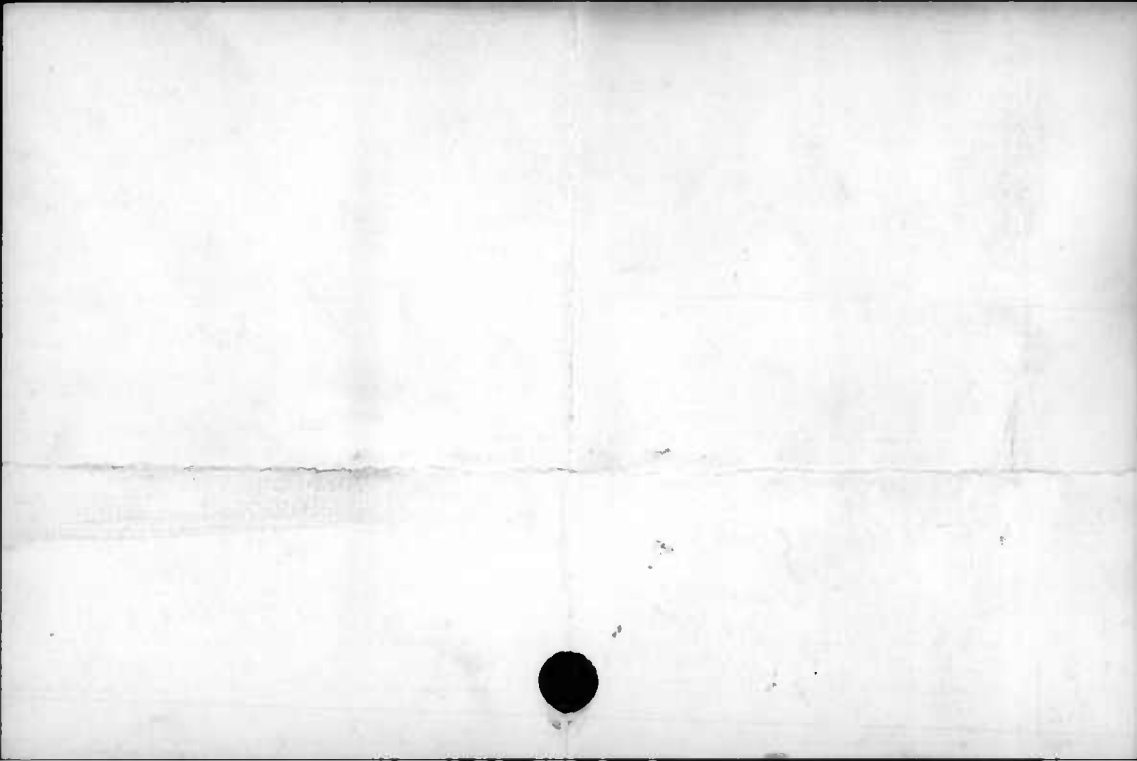
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Gabriella R. Hicks</i>		Town <i>Lewisville</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Lewisville</i>		Month <i>6</i>		Day <i>14</i>		Years <i>24</i>	
Date of death <i>1907</i>		Age <i>24</i>		Months <i>8</i>		Days <i>27</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Chester Co. Pa.</i>			
Occupation <i>Housekeeper</i>		Where Residing if not at place of death <i>Lewisville Ind.</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife Husband <i>Meekin S. Hicks</i>					
Father's Name <i>Thomas H. Ramsey</i>		Father's Birthplace <i>Chester Co. Pa.</i>					
Mother's Maiden Name <i>Catharine McLean</i>		Mother's Birthplace <i>Phila Pa.</i>					
Name of person giving information <i>Thomas Ramsey</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis Phthisis</i> (27)		How long <i>15 months</i>	
Immediate <i>Exhaustion - Cardiac failure</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Dr. Jarvis K. Whitten</i>	
		Address <i>Lewisville Pa</i>	
Accident or Suicide?			



Name

in
Full

Catherine A Holland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

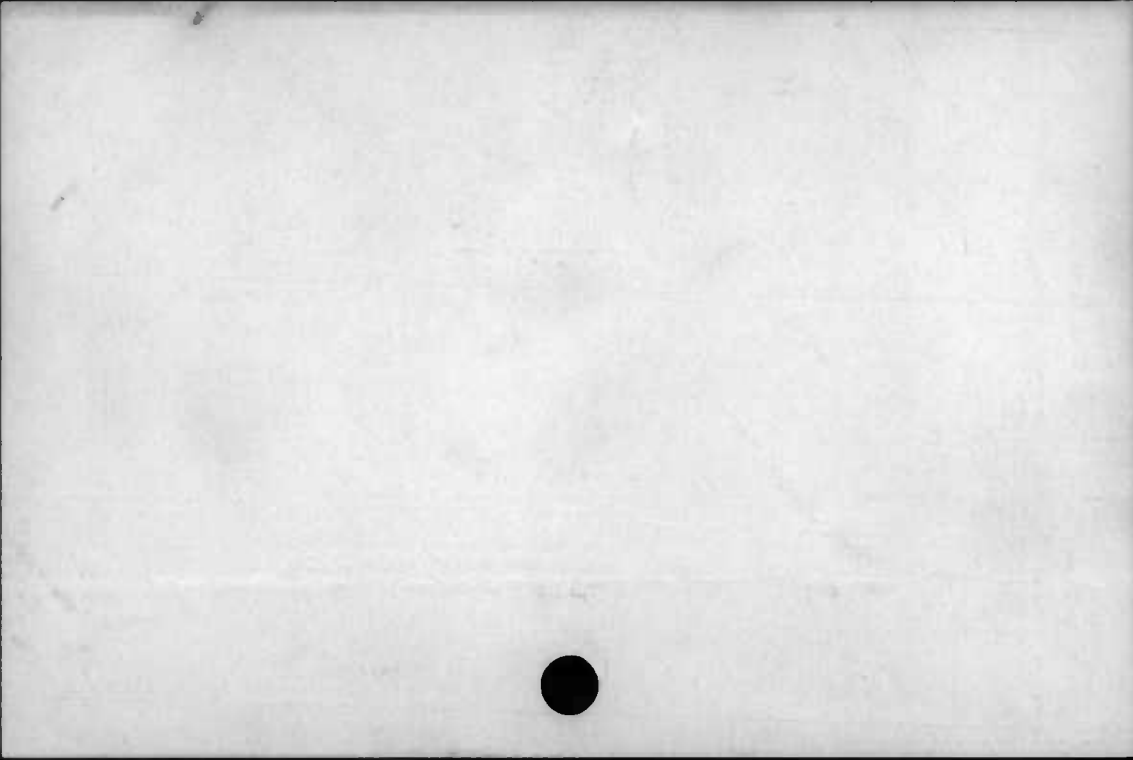
Died at <i>Fair Hill</i>		County <i>Cecil</i>		MARYLAND	
Date of death	1907	Month <i>June</i>	Day <i>Sunday</i>	Age <i>91</i>	Months <i>8</i> Days <i>10</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Near Fair Hill</i>		
Occupation <i>Farm</i>		Where Residing if not at place of death <i>On Farm</i>			
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>William Holland</i>				
Father's Name <i>Wm Armstrong</i>	Father's Birthplace <i>Near Fair Hill</i>				
Mother's Maiden Name <i>Booth</i>	Mother's Birthplace <i>Pennsylvania</i>				
Name of person giving information <i>Martha Holland</i>	How related to deceased <i>Daughter</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Valvular disease of heart</i>	How long	<i>Six weeks.</i>
Immediate	<i>Shock and Cardiac failure</i>	How long	<i>-----</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jawis A Whitten</i>	
		Address <i>Lewisville Pa</i>	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

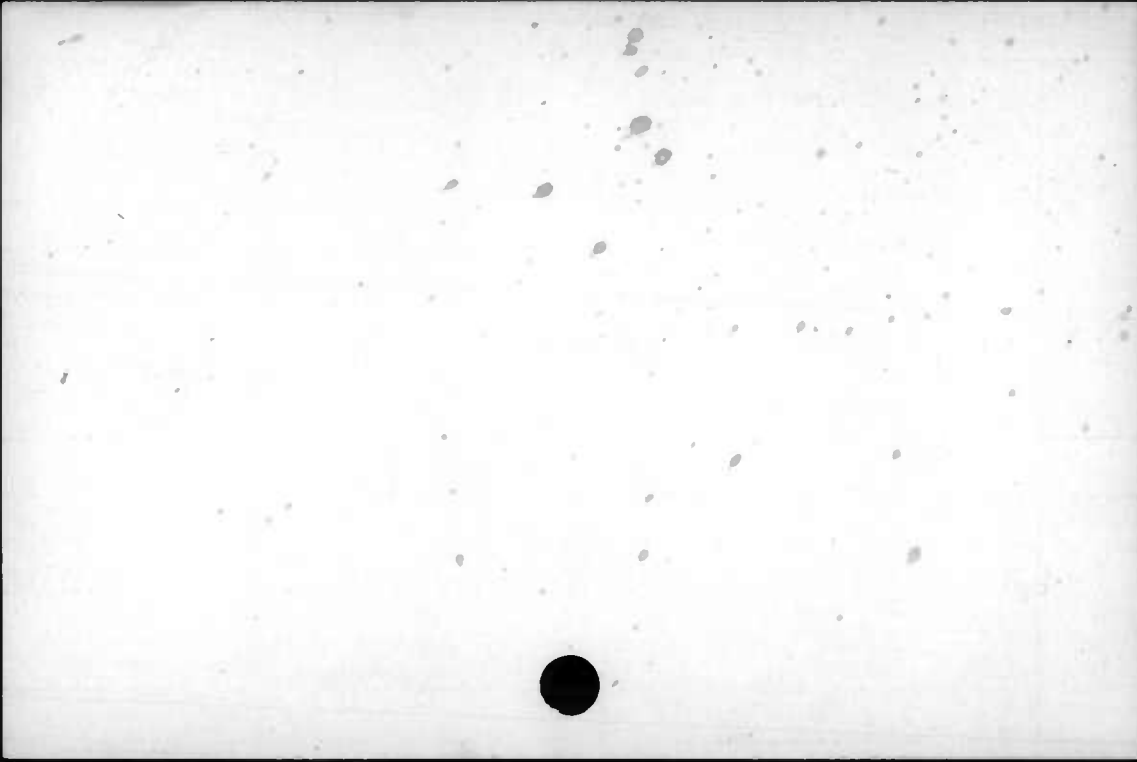
James R. Jefferson		Town		County		MARYLAND	
Died at Chesapeake City		Breed					
Date of death	1907	Month	June	Day	5 th	Age	76 -
						Months	4
Sex	Male	Color or Race	White	Birth-place	Virginia		
Occupation	Engineer	Where Residing if not at place of death					
Married, Single or Widowed	Married	Name of Wife or Husband	Rebecca Jefferson				
Father's Name	Thomas Jefferson	Father's Birthplace	Virginia				
Mother's Maiden Name	not known	Mother's Birthplace	Virginia				
Name of person giving information	James R. Jefferson Jr.	How related to deceased	Son.				

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	Artero-Sclerosis	How long	5 or 6 yrs.
Immediate	Artero-Sclerosis + Mitral Stenosis	How long	14 days.
Are the name, age, sex, color, date and place correctly given above?	Yes.	Signature of Physician	Clyde B. Laws M.D.
		Address	Chesapeake City Md.
Accident or Suicide?			



Name
in
Full

Missie Lall

CERTIFICATE OF DEATH

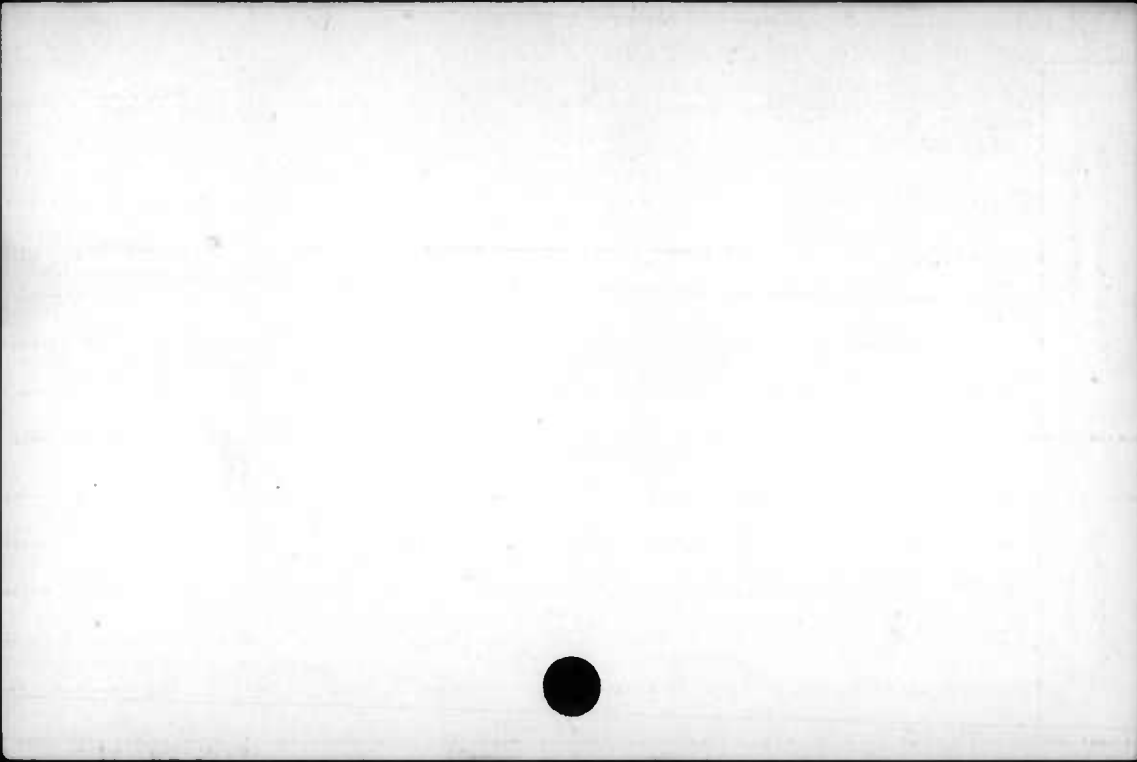
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Port-Deposit</i> Town		<i>Cecil</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>8</i>	Age <i>32</i> Years	Months <i>—</i> Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Va</i>		
Occupation <i>Cook</i>			Where Residing if not at place of death <i>Va</i>		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband <i>V</i>			
Father's Name <i>James Lall</i>		Father's Birthplace <i>Unknown</i>			
Mother's Maiden Name <i>Hannah Blackburn</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Apoplexy</i>	<i>(64)</i>	How long <i>to hour</i>
Immediate	<i>Same</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. E. Cannon</i>	
		Address <i>Port Deposit Md</i>	
Accident or Suicide? <i>—</i>			



Name
in
Full

Cassie Lee

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cherry Hill</i> Town		<i>Lucie</i> County		MARYLAND	
Date of death <i>1907</i> Month <i>June</i> Day <i>24</i>		Age <i>85</i> Years		Months	Days
Sex <i>Female</i>	Color or Race <i>col.</i>	Birth-place <i>Ind.</i>			
Occupation <i>Labourer</i>		Where Residing if not at place of death <i>Alms house</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>John Lee</i>	Father's Birthplace <i>Ind.</i>				
Mother's Maiden Name <i>Diana</i>	Mother's Birthplace <i>Ind.</i>				
Name of person giving information <i>John Mahony</i>		How related to deceased <i>no related</i>			

CAUSES OF DEATH

Primary <i>Old Age</i>	<i>154</i>	How long
Immediate <i>Gastro-enteritis</i>		How long <i>7 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Leban F. Mills</i>	
	Address <i>North East. Ind.</i>	
Accident or Suicide?		

PHYSICIAN
OR CORONER

Home Bural Ground -
near W. J. Warburton's place
in Cecil County.

Name
in
Full

CERTIFICATE OF DEATH

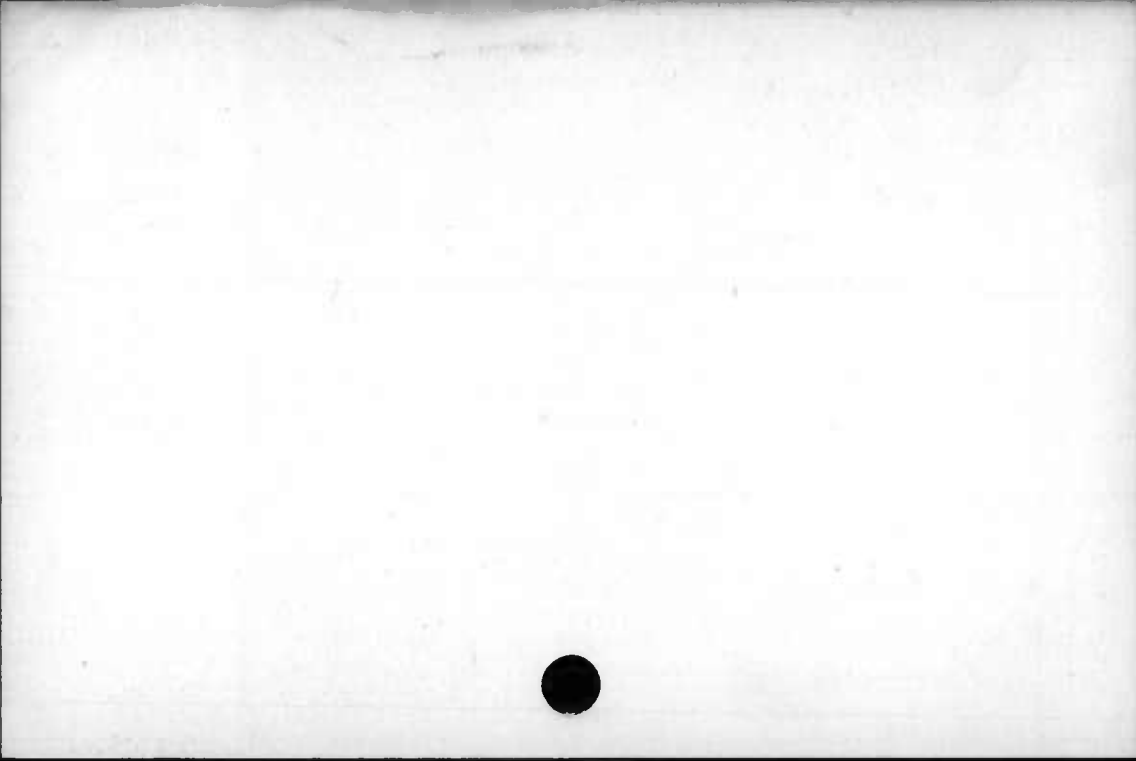
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chesapeake City</i> ^{Town}		<i>Cecil</i> ^{County} <i>Co.</i>		MARYLAND	
Date of death	<i>1907</i>	Month <i>6</i>	Day <i>22</i>	Age <i>50</i>	Years <i>10</i> Months <i>-</i> Days <i>-</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Occupation <i>Wife.</i>	Where Residing if not at place of death <i>Chesapeake City.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Lowless</i>				
Father's Name <i>John W. Evans.</i>	Father's Birthplace <i>-</i>				
Mother's Maiden Name <i>May</i>	Mother's Birthplace <i>-</i>				
Name of person giving information <i>George Lowless</i>	How related to deceased <i>Husband</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Tuberculosis</i>	<i>(27)</i>	How long <i>5 years</i>
Immediate <i>Exhaustion</i>		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. H. H. H. H.</i>	
	Address <i>Chesapeake City Maryland</i>	
Accident or Suicide?		



Name
in
Full

Martha McCabe

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Elcters</u>		County <u>Beauf</u>		MARYLAND	
Date of death <u>1907</u>	Month <u>July</u>	Day <u>14</u>	Age <u>68</u>	Months	Days
Sex <u>Female</u>	Color or Race <u>Colored</u>	Birth-place <u>WV</u>			
Occupation <u>Housewife</u>	Where Residing if not at place of death				
Married, Single or Widowed <u>Married</u>	Name of Wife or Husband <u>Lewis McCabe</u>				
Father's Name <u>Isaac Byars</u>	Father's Birthplace <u>WV</u>				
Mother's Maiden Name <u>Anthony</u>	Mother's Birthplace <u>WV</u>				
Name of person giving information <u>Susie Elber</u>	How related to deceased <u>Daughter</u>				

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary <u>Valvular Dis. Heart</u>	How long
Immediate <u>Exhaustion following Intermittent Pneumonia</u>	How long <u>2 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Joett J. ...</u>
<u>Belum So</u>	Address <u>Elcters</u>
Accident or Suicide?	<u>Martha</u>

No 35-

Name
in
Full

CERTIFICATE OF DEATH

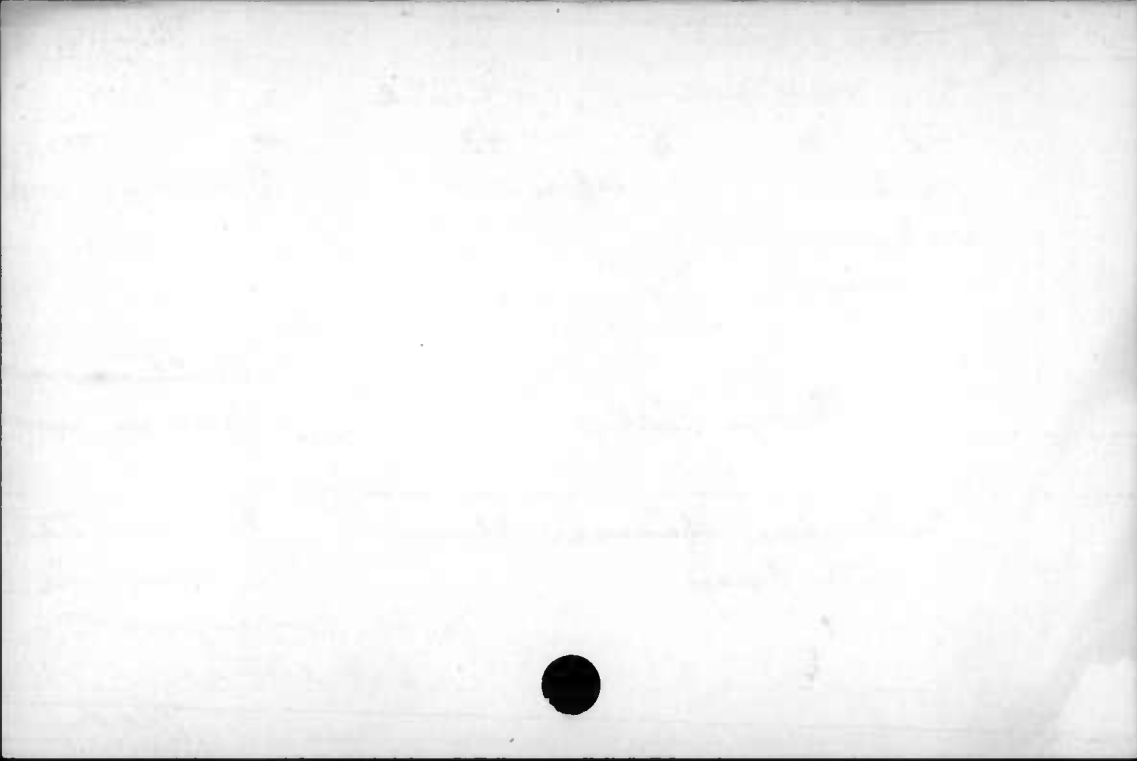
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Chesapeake City</i>		County <i>Cecil</i>		MARYLAND	
Date of death		Month <i>June</i>		Day <i>20</i>		Age <i>Premature</i>	
Sex <i>Male</i>		Color or Race <i>white</i>		Birth- place <i>Chesapeake City</i>			
Occupation <i></i>				Where Residing if not at place of death <i></i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>					
Father's Name <i>J. A. Money</i>		(S)		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Margaret Cooper</i>				Mother's Birthplace <i>md.</i>			
Name of person giving in formation <i>Fachin</i>				How related to deceased <i></i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		(S) How long <i>Premature, Still Born</i>	
Immediate		How long <i></i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edwin C. Law</i>	
		Address <i>Chesapeake City md.</i>	
Accident or Suicide?			



Name
in
FullJames Mours
near

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town *Marwick*

County

*Cecil*Date
of death *1907*

Month

6

Day

5

Age

Years

43

Months

Days

*0*Sex *Male*Color or
Race*African*Birth-
place*Baltimore Md*

Occupation

*Laborer*Where Residing if not
at place of deathMarried, Single
or Widowed*Married*Name of Wife or
Husband*Leithman*Father's
Name*don't know*Father's
Birthplace*don't know*Mother's
Maiden Name*Priscilla molis*Mother's
Birthplace*Baltimore Md*Name of person giving
information*George Ziller*How related
to deceased*Son in law*

CAUSES OF DEATH

(79)

PHYSICIAN
OR CORONER

Primary

Valvular disease Heart

How long

Indefinite

Immediate

Dropsy

How long

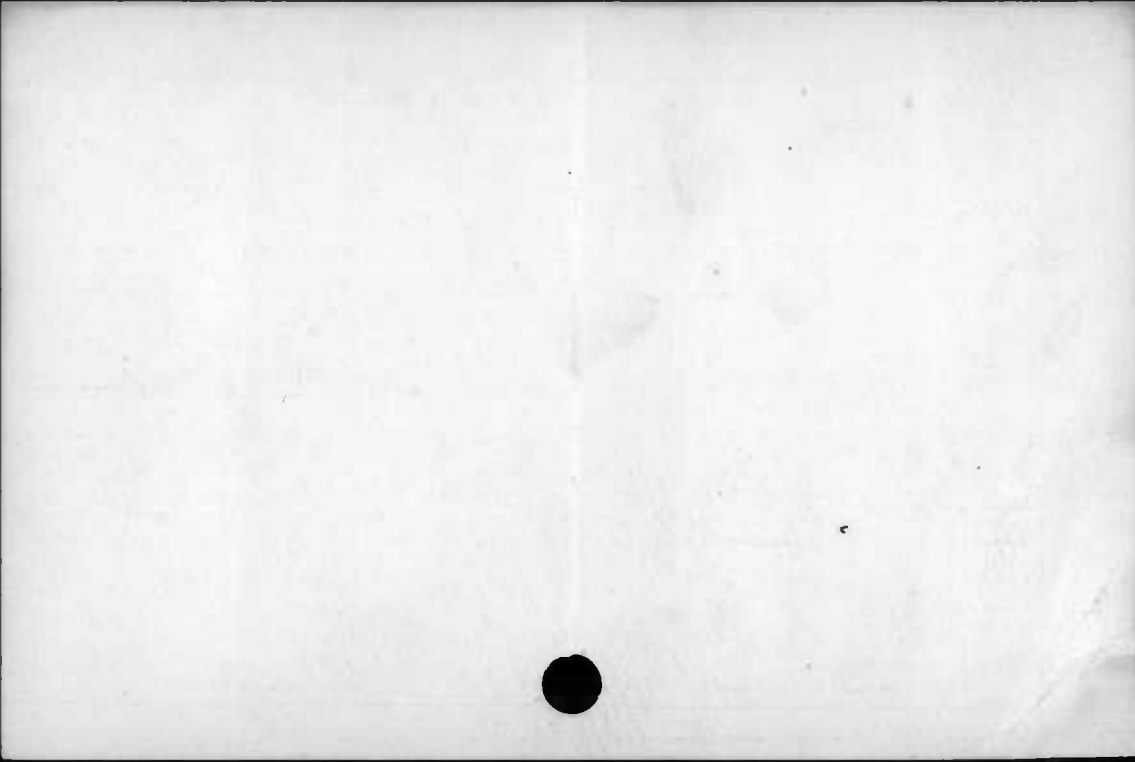
*3 months*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*E. H. Crawford*

Address

Cecil

Accident or Suicide?

Yes



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Amos Alexander Morrison Jr

Died at <i>Fair Hill</i> ^{Town}		<i>Cecil</i> ^{County}		<i>Hite</i> ^{State} MARYLAND	
Date of death 1907 <i>June</i> ^{Month}	<i>11</i> ^{Day}	Age <i>6</i> ^{Years}	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Cecil County Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Amos A Morrison</i>		Father's Birthplace <i>Maryland</i>			
Mother's Maiden Name <i>Fannie E. Morrison</i>		Mother's Birthplace <i>Delaware</i>			
Name of person giving Information <i>Fannie E Morrison</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

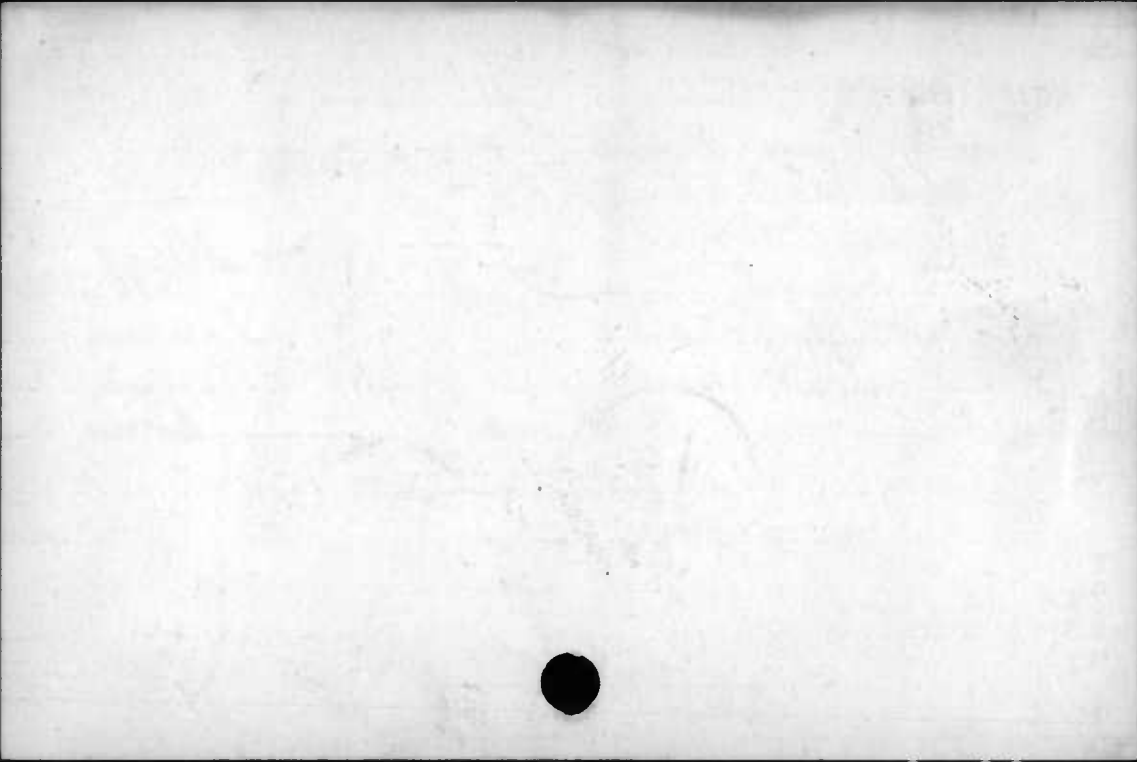
PHYSICIAN
OR CORONER

Primary <i>Tetanus</i>	<i>(72)</i>	How long <i>24 hrs</i>
Immediate <i>spasm of the respiratory muscles</i>		How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr Jarrist Whitten</i>	
	Address <i>Glenview Pa</i>	
Accident or Suicide? <i>—</i>		

03/



Name in Full		Harriet Smith				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Cathery		County		Bert		MARYLAND		
	Date of death		1904	Month	June	Day	2	Age	60	Months	4
	Sex		Female		Color or Race		Caucasian		Birthplace		Alfred Pa
	Occupation						Where Residing if not at place of death				
	Married Single				Name of Wife or Husband						
	Father's Name				Albert Taylor				Father's Birthplace		Went to
	Mother's Maiden Name				Ellen Holden				Mother's Birthplace		Went to
Name of person giving information				Susan Furl				How related to deceased		Sister	
<div style="text-align: center;">CAUSES OF DEATH</div>											
PHYSICIAN OR CORONER	Primary		Old age				How long		154		
	Immediate		Insanitation				How long				
	Are the name, age, sex, color, date and place correctly given above?				yes				Signature of Physician		Alfred Brown
									Address		Port Alleghenst. Ind.
<div style="text-align: center;">Accident or Suicide?</div>											



Name
in
Full

Robert Henry Stewart

CERTIFICATE OF DEATH

Died at June 5th Town Conowingo Cecil County

MARYLAND

Date of death 1907 June Thursday 75 Months 4 Days 27

Sex ~~White~~ Male Color or Race White Birth-place Penna

Occupation River Pilot Where Residing if not at place of death

Married, Single or Widowed Widowed Name of Wife or Husband Nancy. A. M. Mendlough

Father's Name Wm. H. Stewart Father's Birth-place Penna

Mother's Maiden Name dont no Mother's Birthplace Penna

Name of person giving information Wm. H. Stewart How related to deceased son

CAUSES OF DEATH

How long

6 mos

How long

Primary Paralysis
Immediate General debility

Are the name, age, sex, color, date and place correctly given above?

Yes

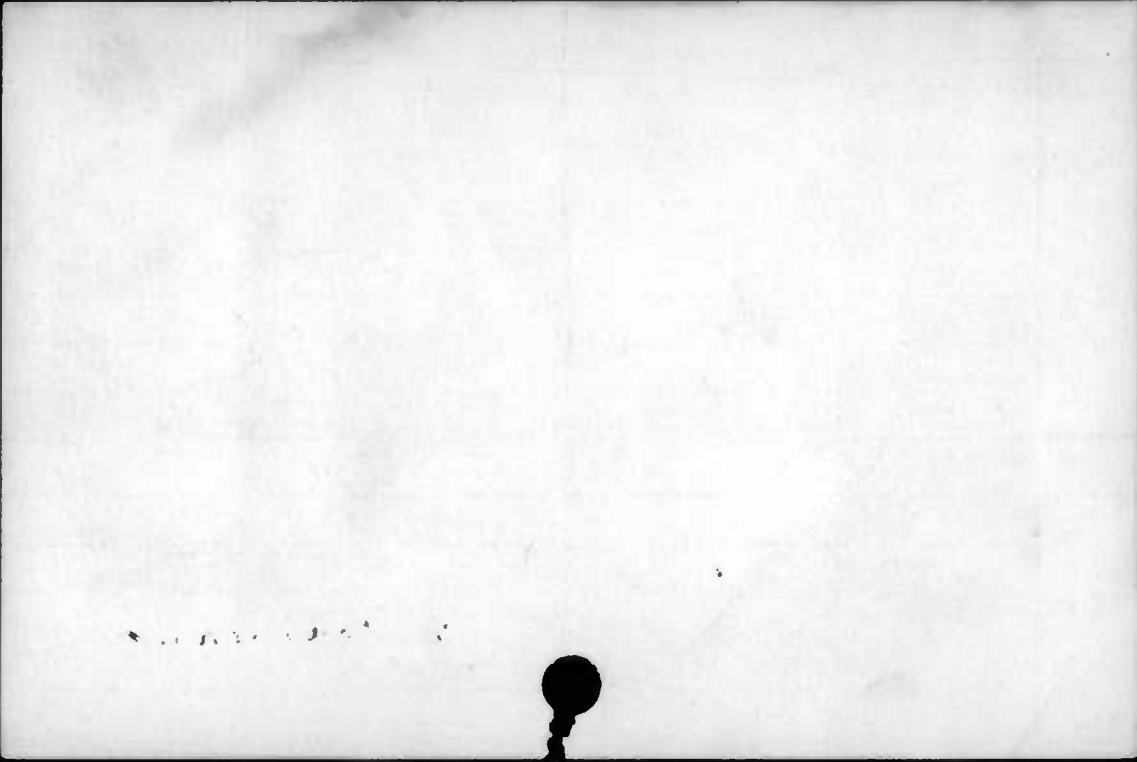
Signature of Physician

Address

Geo. W. Gillespie
Pleasant Grove Pa

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

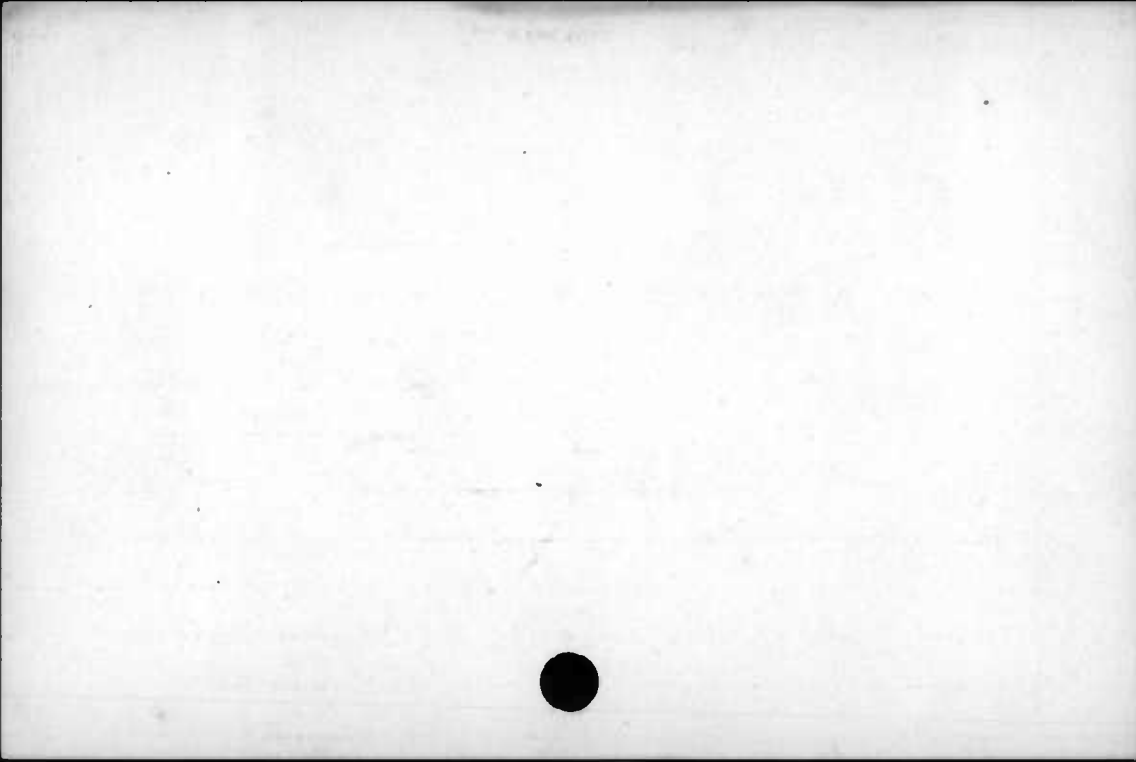
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>William Whittington</i>		Town <i>Port Deposit</i>		County <i>Cecil</i>		MARYLAND	
Died at <i>Port Deposit</i>		Date of death <i>1907 June 30</i>		Age <i>75</i>		Months Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ireland</i>			
Occupation <i>Engineer</i>		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>John Whittington</i>		Father's Birthplace <i>Ireland</i>					
Mother's Maiden Name <i>Bessie Patton</i>		Mother's Birthplace <i>Ireland</i>					
Name of person giving information <i>William</i>		How related to deceased <i>Niece</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Bright's Dis.</i>	How long <i>120</i>	How long <i>2 years</i>
Immediate <i>Heart Dis.</i>		How long <i>few days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>S. J. Tucker</i>	Address <i>Port Deposit, Md.</i>
Accident or Suicide? <i>No</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Elk Neck</i> Town		<i>Deer</i> County		MARYLAND	
Date of death	<i>1907</i>	Month <i>June</i>	Day <i>12</i>	Age	<i>one month 14</i>
Sex <i>male</i>	Color or Race <i>colored</i>		Birth-place <i>Elk Neck</i>		
Occupation			Where Residing if not at place of death		
Married, Single or Widowed <i>single</i>		Name of Wife or Husband			
Father's Name <i>Curtis Ford</i>		Father's Birthplace <i>Elk Neck</i>			
Mother's Maiden Name <i>Sallie Young</i>		Mother's Birthplace <i>Elk Neck</i>			
Name of person giving information <i>Sallie Young</i>		How related to deceased <i>Mother</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Marasmus</i>	How long <i>Since birth</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>L. F. Hamrick</i>
	Address <i>North East</i>
	<i>MD</i>
Accident or Suicide?	

Elk Creek